

**CONFIDENTIAL**

HEALTH MAINTENANCE ORGANIZATION SUPPLEMENT  
 For Year Ending December 31, 2006  
 Due March 1, 2007

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
 (City, State and Zip Code)

Made to the South Carolina Department of Insurance  
 pursuant to S.C. Code Ann. Section 38-33-110 (2002).

**SUMMARY OF COMPLAINTS**

(1) Status Of Complainants

Enrollees # \_\_\_\_\_

Third party # \_\_\_\_\_

Other (Explain) \_\_\_\_\_

\_\_\_\_\_

(2) Complaints Against

HMO # \_\_\_\_\_

Doctor # \_\_\_\_\_

Hospital # \_\_\_\_\_

Other providers # \_\_\_\_\_

(3) Reason for Complaints

Unsatisfied settlement # \_\_\_\_\_

Denial of claim # \_\_\_\_\_

Settlement delay # \_\_\_\_\_

Coverage cancellation # \_\_\_\_\_

Premium and/or rating # \_\_\_\_\_

Misrepresentation # \_\_\_\_\_

Underwriting delays # \_\_\_\_\_

Inappropriate treatment # \_\_\_\_\_

Referral problems # \_\_\_\_\_

Other - Give # \_\_\_\_\_  
 and explain below:

(4) Disposition of Complaint-Relief

Additional monies received # \_\_\_\_\_

Claim reopened # \_\_\_\_\_

Claim settled # \_\_\_\_\_

Coverage restored # \_\_\_\_\_

Rate/Premium resolved # \_\_\_\_\_

Further treatment # \_\_\_\_\_

Disposition of Complaint-No Relief

Dispute as to need for  
 treatment # \_\_\_\_\_

Contract provisions # \_\_\_\_\_

Coverage not in force # \_\_\_\_\_  
 Other - Give # \_\_\_\_\_  
 and explain below:

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(5) Time Taken to Resolve Complaints

Average time in days \_\_\_\_\_

(6) Malpractice Claims

Enrollees # \_\_\_\_\_

Doctor involved # \_\_\_\_\_

Hospital involved # \_\_\_\_\_

Clinic involved # \_\_\_\_\_

Medical technicians # \_\_\_\_\_

Amount of claims \$ \_\_\_\_\_

Disposition of Claims:

Paid in-full # \_\_\_\_\_

Court settlement # \_\_\_\_\_

Compromise settlement # \_\_\_\_\_

Denied # \_\_\_\_\_

Other - Give # \_\_\_\_\_

and Explain Below:

\_\_\_\_\_  
Name and Title of Person Completing Form

\_\_\_\_\_  
Telephone Number

Please send to:  
June DuBard  
Market Analysis Coordinator  
Market Analysis Section  
South Carolina Department of Insurance  
P.O. Box 100105  
Columbia, SC 29202-3105  
803-737-6081  
[jdubard@doi.sc.gov](mailto:jdubard@doi.sc.gov)

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(Revised 11/2/06)